, FILED MAR	4 1949			ALTH OF MISSO ICATE OF DE				557	74 .
			_	PRIMARY REG. DIST			File No		
BIRTH NO.		REG. DIST. NO	. 142						
a. COUNTY	тн liller			a. STATE Mis	souri	b. COU		tiution: resid	administration).
b. CITY (II outside cor OR TOWN	porate limite, write BI Eldon	URAL and give township)	c. LENGTH OF STAY (In this place)	c. CITY (If outside a OR TOWN	Eldon	write RURAL an	i give town	ship)	/
d. FULL NAME OF (I HOSPITAL OR INSTITUTION		stitution, give street s 5th	ddress er location)	d. STREET ADDRESS 52'		tre location)			Ö
	a. (First)		Middle)	c. (Last)					
DECEASED _		•			1	4. DATE (OF DEATH Fet	(Month)	(Day)	(Year)
	avid		njamin_	Wood					
10 1	COLOR OR RACE White	7. MARRIED, NEV WIDOWED, DIV Marrie	ORCED (Spiedly)	Nov. 12,	1876	9. AGE (In rear last blythday)	Months 3		DEN M KRS. re Min.
10a. USUAL OCCUPATIO! _done during most of gorida.	N (Clive kind of work	10b. KIND OF BL	ISINESS OR IN-	11. BIRTHPLACE (8ta	te or foreign con	istry)	$\overline{\mathcal{I}}$	12. CITIZEN	OF WHAT
Bridge Car	penter /	Railroa	d Josiki	Miller Co	o., Mis	ssouri	01	U.S.A	•
3a. FATHER'S NAME		13b. MO	THER'S MAIDEN			OF HUSBAND	OR WIF		
George	V. Wood	. ↓ U	nknown		Mar	y Parso	ns V	lood	
IS. WAS DECEASED EVER	R IN U.S. ARMED F		IAL SECURITY	17. INFORMANT	'S SIGNAT	TURE OR NA	WE	ADD	RESS
NO (If a	tes, kive war or dates o	ol service)	NO.	Mrs. Mar	y Wood	Eld	lon.	Mo.	
i8. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such	I. DISEASE OR CO DIRECTLY LEADIN ANTECEDENT CA	NG TO DEATH* _(a) . USES	apople	ertification Southir Its Ly perles	to 1ce			INTERVAL ONSET AN	
as heart failure, authenia, etc. It means the dis- ease, intury, or complica-	rise to the above ca the underlying caus	, if any, giving DUE use (a) stating se last. DUE	TO (6)	/					
	Conditions contribu	ICANT CONDITION uting to the death but e or condition causin	S not		よるけ	r			
19a. DATE OF OPERA-	19b. MAJOR FIND	INGS OF OPERATI	ON		6			20. AUTO	25Y7
TION								YES 🗌	NO 🔃
21a. ACCIDENT (SUICIDE HOMICIDE	(Specify) 2 b	1b. PLACE OF INJUI	RY (e.g., in or about set, office bidg., etc.)	21c. (CITY, TOWN, OF	R TOWNSHIP)	(CO	UNTY)	(STA	ITE)
21d. TIME (Month) OF INJURY	(Day) (Year) (E	Hour) 21e. INJU WHILE AT WORK	RY OCCURRED NOT WHILE AT WORK	21f. HOW DID INJUR	Y OCCUR7	٠			
22. I hereby certify the		ne deceased from _, and that deat		, 19, to m., from		_, 19, th			leceased
23s. SIGNATURE	5. D. Sh		(Degree or title)	23b. ADDRESS &	don	Nu	S	Jac. DATE	SIGNED
24a. BURIAL, CREMA- TION, REMOVAL (Speedly)	24b, DATE	1	··- · · · · · · · · · · · · · · · · · ·	OR CREMATORY	1 -	ON (City, tow	•		(State)
Burial	Feb. 16,	_194 9 B	lue Spri			don, Mi	ssou	ıri	
DATE REC'D BY LOCAL	REGISTRAR'S SI	GNATURE	J4.2	25. FUNETAL DIRE				DRESS	
Feb. 16, 49	<u>soull</u>	stern	علاه	Denis	B.O.	helly	20	Eld	Pour.
		(Licen	ed Embelmer 1-6	sternént on Revenue Si	icle)				

District File Number Distriot !!ealth Officer No. 9, BECEINED

STATEMENT	BY LICENSED	EMBAI MED

I hereby certify that the body whose name is recorded on the reverse side of the	his certificate was embalmed by me, or by
Louis D. Phillips	Student Embalmer No
valuing under my present supervision	

Licensed Embalmer No. 3663

P. O. Address...

Eldon

the above constitutes grounds for revocation of license.)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this body is not embalmed, fact should be so stated above.